

## PLACE OF BIRTH

1. County of Gila  
 District of Claypool  
 Town of Miami  
 or  
 City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 197  
 County Registrar No. 428  
 Local Registrar No. \_\_\_\_\_

No. Railroad Road Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 2. Full name of child Richard Uptain { If child is not yet named, make supplemental report, as directed.  
 3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Oct 3 1927  
 Month Day Year

8. FATHER  
 Full name Parley Joseph Uptain  
 9. Residence (Usual place of abode) Claypool, Arizona  
 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Dafford  
 (State or country) Arizona

13. Occupation Miner  
 Nature of industry Copper

14. MOTHER  
 Full maiden name Mina Fay Crum  
 15. Residence (Usual place of abode) Claypool, Arizona  
 If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Miami  
 (State or country) Arizona

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother { (a) Born alive and now living 4  
 (b) Born alive but now dead 0  
 (c) Stillborn 0  
 (Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 3-0 m. on the date above stated  
 (Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
 Signature J. J. Miller M.D. (Physician or midwife.)  
 Address Miami, Arizona

Given name added from a supplemental report. Month, day, year Oct 15 1927  
 Filed Oct 15 1927 Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

915-1003-534